

## Retail Food Establishment Inspection Report

## Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|   |   | · ccio  | H Of Cach violation is specimen in the narrante portion of the |                              | Data of In                            | enaction  | DEDAGE #                              |
|---|---|---|--|------------------------------|---------------------------------------|---|---------------------------------------|
| Establishm  |   |   |  | Telephone Number             | Date of Inspection PER (mm/dd/yr)     |   | PERMIT #                              |
| Frisch's  |   |   |  |                              | 10/10                                 | lia.  | 19-114                                |
| Establishment Address (number and street, city, state, zip code)                  |   |   |  | 513 961 2666                 | 10/1901                               | 119   |                                       |
|   | Hausfeld  | <u> </u>                                      | 1 Now Albay, 12 47158  |                              | <del> </del>                          | 151   | <u> </u>                              |
| Owner   | <b>~</b> 1  | i   | 1.   | Purpose:                     | Follow-up Release Date                |   |                                       |
| Frisch's Reclarents Owner's Address   |   |   |  | 1. Routine                   | — <del>1 </del>                       |   |                                       |
|   |   | A   |  | . Follow-up                  | Summary of Violations;                |   |                                       |
| 28 20 (   | <u> 71   bert</u>                                 | 7740  | Cincinnoti, OH 45206   | 3. Complaint                 | c / NC / R Z                          |   | , ,                                   |
| Person  |   | <b>#</b> !                                    | Vivian )-Insu  | 4. Pre-Operational           | 4. Pre-Operational C/NC_              |   | R                                     |
| resion in   | e Person's  |   |  | 5. Temporary                 | Menu Tv                               | pe <i>(See back</i>                               | of page)                              |
|   |   |   | ischs.com  | 6. HACCP                     |                                       | pe (See See                                       | . 3) F = 8-3                          |
| Certified F   | ood Mana  | <u> </u>                                      | 30-41 - CeM1   | 7. Other (list)              | 1 2                                   | 3 X   | 4 5                                   |
|   |   |   | 10/10/22)  | <del></del>                  | ~                                     |   | <del>-</del>                          |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" |   |   |  |                              |                                       |   |                                       |
| ,   |   |   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S                |                              | NID IN METO I                         | ( Leave Leave ) e                                 | DELOW 164D9                           |
| ļ   |   | _   |  | UMMARY OF VIOLATIONS" A      | ND IN THE P                           | <del>,                                     </del> |                                       |
| Section#  | C/NC  | R   | Narrative  |                              |                                       |   | orrected By                           |
| //8   | C   | R   | Observed staff to have not been                                | re-trained in fo             | m d                                   | 10/   | 25/19                                 |
|   | •   |   | safety basics  |                              | · · · · · · · · · · · · · · · · · · · |   |                                       |
|   | ,   |   | - no roster qualable (all state                                | f must initial and .         |                                       |   |                                       |
|   | - PCHD spoke with various staff who confirmed     |   |  |                              |                                       | :   |                                       |
|   | they had not been spoken to or re-frained         |   |  |                              |                                       |   | •                                     |
|   | **  | - 10/3/19 inspection should be made availably |  |                              |                                       | š ;   |                                       |
|   |   |   | for every employe to review                                    |                              |                                       |   |                                       |
| :   |   |   |  | 10/25/19                     |                                       |   |                                       |
| 410   | MC  | Ŗ   | Observed light out in BOH.                                     | , ,                          |                                       | 10/2  | 5/19                                  |
|   |   |   |  | 7.                           |                                       |   |                                       |
| FCHD will issue invoice for follow-up inspection                                  |   |   |  |                              |                                       |   |                                       |
|   |   | +   | 10119 211 13300 172012 401                                     | ny so op jasjessjis          | <u>- I</u>                            |   |                                       |
| :   | <del> </del>                                      | +-  | FCHD previously spoke with                                     | main I GAA AAA               | <u></u>                               |   |                                       |
|   | FCHD previously spake with regional GM, Maintanne |   |  |                              |                                       |   |                                       |
|   |   | +-  | about pass - thru dur and                                      | "online training"            |                                       |   | · · · · · · · · · · · · · · · · · · · |
|   |   | <u> </u>                                      |  |                              |                                       |   |                                       |
|   |   | <u> </u>                                      |  |                              |                                       |   |                                       |
|   |   |   |  | •                            |                                       | , .   |                                       |
| Received by   | y (name an  | d title                                       | printed):  | Inspected by (name and title | printed):                             |   |                                       |
| NI  | 150   | \ \   | Johnson  | $A \cdot \lambda$            | Ingram                                | (EHS)   |                                       |
| Received by   | y (signature                                      | <del>)</del> ;                                |  | Inspected by (signature):    | <del></del>                           |   |                                       |
| William Thomason  |   |   |  |                              |                                       |   |                                       |
| cc:   |   |   | CC:  | <u> </u>                     | ce;                                   |   | <del></del>                           |
| •   |   |   | · · ·  |                              | 1                                     |   |                                       |